_	ý ,	1 F							Application or Docket Number					
	PATENT A	VPPLICATIO Effect	ON FEE D tive Octob			on recof	ID .	7	651	119	12			
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN			
TOTAL CLAIMS			56				RAT	RATE FEE			RATE FEE			
FOR			NUMBER FILED		NUMBER EXTRA		PARC	FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			5 6 minus 20-		• 3	36	X\$ 9	X\$ 9=		OR	X\$18=	(iv)		
INDEPENDENT CLAIMS			minus 3 =		7		X40	X40=		OR	X90=	510		
MULTIPLE DEPENDENT CLAIM			PRESENT				130				+270=	9,0		
• 1	the difference	in column 1 is	iess than a	rero, ente	*******************************	column 2	<u> </u>			OR		1918		
		LAIMS AS					TOTA	<b>*L</b>		OR	OTHER			
		(Column 1)		(Colu	nn 2)	(Column 3)	SMA	Щ	ENTITY	OR	SMALL			
RENDERNIA		CLARIES REMAINING AFTER AMENDMENT		PREVI	BER CUBLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	.13	Mirsus	1-5	6	.0	X\$ 9			OR	X\$18=	1		
Ì	Independent	. 17	Minue	/	0	-12	X40			OR	X80-			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135			OR	+270=			
		and the second section	e medicina di sala					T/L			TOTAL ADOIT, FEE	7		
		(Column 1)		(Colo	mn 2)	(Column 3)	ADDIT. I	FEE		<b>,</b>	ADOIT. FEE			
		REMAINING AFTER AMENDMENT		HG NUM PREVI	EST BER DUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE ,	ADDI- TIONAL FEE		
3	Total	.25	Minus	+ 5	6		X\$ 9	1		OR	X\$18=	- 1		
AMEND	Independent	· 60	Minus		10	-	X40			OR	X80-			
1	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		+135	_		OR	+270=			
							10	T/L			TOTAL	1		
	•	(Column 1)		mat.	mn 2)	(Column 3)	ADDIT. I	EE		,	ADDIT, FEE			
		CLAMS		HIGH	EST		_	7	ADDi-			ADDI-		
		REMAINING AFTER AMENDMENT		PREVI	BEA OUSLY FOR	PRESENT EXTRA	RATI	E	TIONAL FEE		RATE	TIONAL FEE		
AMENDMENT C	Total		Minus	••			X\$ 9		- 100	OR	X\$18=	;		
	independent '		Minus	•••			X40	.		OR	X80-			
•	FIRST PRESE	NTATION OF M	IULTIPLE OI	EPENDEN	CLAIM					l - ' '		<del> </del>		

" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box its column 1.

FORM PTO-875 (Rev. 8/00)

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OR ADDIT FEE

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